



COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO)

RECERTIFICATION CHECKLIST

Please submit the following items on this checklist:

- ☐ Complete Certifications of Low-Income Representatives of the Board
- ☐ Provide a completed Certification of Board Status form.
- ☐ List each current and proposed geographic service area on the form provided.
- ☐ Submit the CHDO Board Members Compliance Certification form signed by the Chairman of the Board.
- ☐ If applicable, submit Experience Certification forms and resumes of staff that have been added to the organization since the CHDO's last certification.
- ☐ Submit the latest financial audit of the organization and its sponsoring organization.
- ☐ Provide a statement signed by the Chairman of the Board that no change has occurred in the Bylaws, Articles of Incorporation, or staff members (if applicable) since receiving its certification as a CHDO.
- ☐ Provide a narrative report signed and dated by the Chairman of the Board. The narrative should address the following questions:
 - Describe any HOME eligible projects that were begun or completed during your recent certification period. Include pictures, newspaper clippings, etc.
 - Outline any training or technical assistance your board or staff participated in that increased your capacity to develop affordable housing.
 - List any HOME funds received during the year.

EXPERIENCE CERTIFICATION

Please attach signed copies for each staff or consultant whose experience should be considered for meeting the Experience/Capacity requirement. Resumes should also be attached.

Staff or Consultant Name

Mailing Address

Phone Number

Email

Project Name:

Project Location:

Experience Type: (Rental/Homeownership, # of Units,
Population Served)

Description of Staff/Consultant Role in Project
References:

Name

Address

Phone

Name

Address

Phone

I certify that the information provided above is accurate and give my consent to contact references listed.

Signature

Date

Certification of Low-Income Representation

Applicants should request that each board member representing the interests of low-income families in the Applicant's target community complete this certification. Please maintain a copy of this certification in your files. These certifications will be reviewed during monitoring visit by the State.

Board Member Name:

I certify that I am a current member in good standing of the governing board for _____(name of the Applicant organization) and that I represent the interests of low-income families in the Applicant's target community. Please check and complete one of the following:

_____ I am a low-income resident of _____, the Applicant's target community.

_____ I am a resident of a low-income neighborhood in _____, the Applicant's target community.

_____ I am an elected representative of _____, a low-income neighborhood organization within _____, the Applicant's target community.

If the applicant is representing a low-income neighborhood organization, please attach copy of signed resolution from the neighborhood organization naming the individual as their representative on the CHDO.

(Signature)

(Date)

Certification of Board Status

Applicants must complete the following **Certification of Board Status** and submit it along with their application for State CHDO certification. Please list each board member by name, then place a check indicating the representation that member brings to the Board. Please list only current or approved board members. Do not list prospective board members who have not been approved to join the board.

Board Member Name and Residential Address	Low- Income	Public Institution	Religious Organization	For Profit	Occupation Place of Employment

I certify that the above listing of current, participating board members is accurate.

Board President Signature

Date

CHDO CERTIFICATION OF GEOGRAPHIC SERVICE AREA

Organization Name

Tax ID Number

Mailing Address

Contact Name

Title

Email Address

Contact's Day Phone Number

Board President Name

President's Day Phone Number

LIST EACH CURRENT & PROPOSED GEOGRAPHIC SERVICE AREA

	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
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	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
	<input type="checkbox"/> No Change	<input type="checkbox"/> Add	<input type="checkbox"/> Delete

PLEASE SUBMIT THE FOLLOWING ITEMS

1. For each locality added, please submit a signed statement by the Board President that details at least one year of experience in serving the community.

Board President Signature

Date

CHDO BOARD MEMBERS COMPLIANCE CERTIFICATION

I, _____
certify that
Chairman of the Board

_____ will at all times
maintain at least one third of the membership of the Board of Directors for (1) low income residents
of the low income neighborhood; (2) other low income community residents or (3) representative
elected by a low income community organization as evidenced by some action by the governing body
of the low income community organization designating representative(s) to
_____.

I further certify that the Board of Directors regarding the investment of HOME Funds shall take no
action without 1/3 low-income representation on the Board.

I further certify that no more than 1/3 of the Board membership shall be public officials.

This certification approval is evidenced by resolution adopted by the Board of Directors, dated and
signed by the Chairman of the Board.

SIGNATURE OF THE CHAIRMAN OF THE BOARD DATE